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Request For Continued Examination (RCE) **Transmittal**

Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

espond to a conection of information diffess it displays a valid CND control number				
Application Number	10/658,791-Conf. #1827			
Filing Date	September 10, 2003			
First Named Inventor	H. S. Goodrich			
Art Unit	1775			
Examiner Name	R. R. Koehler			
Attornev Docket Number	22129-00003-US2			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

o, 1880, or to any design application.				
 Submission required under 37 CFR 1.114 Note: If the RCE is proper, at amendments enclosed with the RCE will be entered in the order in which they we applicant does not wish to have any previously filed unentered amendment(s) er amendment(s). 	ere filed u	nless applica	nt instructs otherwise. If	
a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.				
i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on				
iiOther				
b. x Enclosed				
i. X Amendment/Reply 3 iii. X Information Disclosure Statement (IDS)				
ii. Affidavit(s)/Declaration(s) iv. Other				
2. Miscellaneous				
a. Suspension of action on the above-identified application is requ				
period of months. (Period of suspension shall not ex	ceed 3 mo	onths; Fee ur	nder 37 CFR 1.17(i) required)	
b. Other				
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.				
a. X The Director is hereby authorized to charge the following fees, or credit any overpayments, to				
Deposit Account No. 22-0185 . I have enclosed a duplicate copy of this sheet.				
i. X RCE fee required under 37 CFR 1.17(e)				
ii. Extension of time fee (37 CFR 1.136-and 1.17)				
iii. Other				
b. Check in the amount of \$ enclosed				
c. Payment by credit card (Form PTO-2038 enclosed)				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Signature 74,100	Date	March 1		
Name (Print/Type) Susan E. Shaw McBee	Registr	ation No.	39,294	
100				

03/14/2005 HDEMESS1 00000078 220185 10658791

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